

**Community College of Rhode Island**  
Modified Version of Form Created by the Office of Accounts and Control

*For Official use :*

Voucher Number:
Check Date:
Check Number:

**IN-STATE AUTOMOBILE TRAVEL  
REIMBURSEMENT AND ACCOUNTING REPORT**

EMPLOYEE'S NAME: John Smith (1)  
 VEHICLE(S) MAKE: Ford (3)  
 MODEL(S): Explorer (4)

CCRI ID Number: 9999999 (2)  
 YEAR(S): 1996 (5)  
 REGISTRATION(S): RI-123 (6)

City/Town of Residence: 12/31/2011 (7)

Department/Banner Organization: Controller's Office /WB3020 (8)

Assigned Campus: Knight Campus (9)

DATE:	FROM (11)	TO	Purpose of Travel	ODOMETER READING		MILES	OTHER COSTS
				START (13)	FINISH		
12/1/2010 (10)	Knight Campus	Flanagan Campus (RT)	Meeting with Bursar Staff (12)	89,016	89,056	(14) 40	(15)
12/4/2010	Knight Campus	Flanagan Campus (RT)		89,153	89,193	40	
12/6/2010	Knight Campus	Newport Campus (RT)	Bus. Affairs Staff Meeting	89,224	89,279	55	\$ 4.00
12/12/2010	Flanagan Campus to State House	State House to Liston Campus		90,118	90,127	9	
12/12/2010	Meter Parking		Finance Committee Hearing			0	\$ 1.50
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	

I hereby certify that throughout the above dates I have maintained a valid operator's license and my vehicle(s) has been properly registered and insured; that the above mileage is correct and was incurred for official state business. In instances where the distance from my residence to the official destination was shorter than the distance from my official station to the official destination, only the mileage from my residence to the official destination is claimed. This travel expense complies with the state travel regulations.

**TOTAL MILES** (16) 144  
 \$0.510 cents per mile (17) **\$73.44**  
 Plus Other (18) **\$5.50**  
**TOTAL MILEAGE PLUS OTHER** (19) **\$78.94**

I hereby certify that this travel expense complies with the state travel regulations and that the total listed above is a proper charge against the state.

(20) \_\_\_\_\_  
 Signature of Traveler/Date  
 Form A-14x  
 Revised 2/15/11

(21) \_\_\_\_\_  
 Initials of Supervisor/Date  
 \_\_\_\_\_  
 Signature of Authorized Agent